

**COCONINO COUNTY  
PUBLIC HEALTH SERVICES DISTRICT**  

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**ENVIRONMENTAL HEALTH**

Barbara Worgess  
*Chief Health Officer*

**Commissary Agreement**

I agree to report to the commissary facility listed below each operational day for the purpose of washing and sanitizing equipment and utensils, obtaining potable water, disposal of wastewater, food preparation and storage. I understand this agreement is non-transferable and I will notify the Coconino County Health Services of any change in the operations. I understand that failure to comply with the commissary agreement could result in permit revocation.

**PLEASE PRINT IN THESE SECTIONS**

**OWNER OF MOBILE FOOD UNIT:** \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

NAME OF FOOD BOOTH: \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY COMMISSARY**

I agree to provide commissary services for the above mobile/temporary food service operator and will notify Coconino County Health Services if the vendor discontinues use of my facility.

BUSINESS NAME: \_\_\_\_\_

OWNER/MANAGER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH SERVICES LICENSE #: \_\_\_\_\_

HOURS OF ACCESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Assessors Parcel Number (APN)** \_\_\_\_\_